



## COVER LETTER

### **APPLICATION FOR VENDORSHIP OF COMMUNITY SUPPORT SERVICES FOR PEOPLE WITH BRAIN INJURY**

Date: \_\_\_\_\_

Dear Applicant:

Enclosed is an *Application for Vendorship of Community Support Services for People with Brain Injury (DRS Service Item Code A1203)* for the Department of Rehabilitative Services (DRS). Please prepare your application package with all of the requested information and return to: Virginia Department of Rehabilitative Services, 8004 Franklin Farms Drive, Richmond, VA 23229, ATTN: Patricia Goodall, BI/SCIS.

DRS will notify you when your application is approved, or if we require additional information or modifications / clarification of your application. Once approved, you or your organization's name and DRS vendor number will be added to an internal list of vendors accessed by all DRS field staff. Note that as an approved vendor, you are responsible for marketing your services directly to the DRS field offices and staff who may be interested in purchasing these services from your organization.

If you have questions regarding the application process, please contact Patricia Goodall, Brain Injury & Spinal Cord Injury Services, or Kenna Bayer, Vendor Services, at 800/552-5019. We look forward to welcoming you as a DRS vendor of Community Support Services for People with Brain Injury (CSS/BI).

Sincerely,

Patricia Goodall  
Brain Injury & Spinal Cord Injury  
Services

Kenna Bayer  
Vendor Services

<b>DRS Office Use Only</b>	<b>05/07</b>
Date Application Sent: _____	
Date Application Returned: _____	
Date Application Reviewed: _____	
Results of Review: _____	